

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type:: Regular
Utility
Title:: METHOD AND DEVICE FOR COUPLING A LIGHT
EMITTING SOURCE TO AN OPTICAL WAVEGUIDE

Attorney Docket Number:: 9-15497-1us
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Secrecy Order in Parent Appl.?:: NO

INVENTOR INFORMATION

Inventor Authority Type:: INVETOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: ARMEN
Middle name::
Family name:: ZOHRABYAN
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 2455 CH.STE-FOY
#302
City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1V 1T4

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: TIGRAN

Middle name::
Family name:: GALSTIAN
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 1007 AVE MYRAND

City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1V 2W1

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: DANY
Middle name::
Family name:: DUMONT
Name Suffix::
City of Residence:: QUEBEC CITY
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 305-2276 CH. STE-FOY

City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1V 1S7

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: AMIR
Middle name::
Family name:: TORK
Name Suffix::
City of Residence:: CAP ROUGE
State or Province of Residence:: QUEBEC
Country of Residence:: CANADA
Street:: 4332 DE LA SITTELLE

City:: CAP ROUGE

State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1Y 2H5

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
NON-PROVISIONAL 60/433,768 12/17/2002
OF

ASSIGNEE INFORMATION

Assignee name:: PHOTINTEC INC.
Street:: 2740, RUE EINSTEIN
STE-FOY
City:: QUEBEC CITY
State or Province:: QUEBEC
Country:: CANADA
Postal or Zip Code:: G1P 4S4